CHARS DATA EDITS
(Effective 6/2003)

Edit Number	Edit Message	FL#	Description
1010	Patient control number is missing	3	Checks to see if code exists. If not, generate error. Format x(20)
1015	Patient control number is a duplicate	3	Must be unique for each record for a given hospital. If not generate error.
1025	Accommodation revenue code is missing	42	Generate error if there is no accommodation revenue code AND there is no ancillary revenue code of value 656, 720, 721, 722, 724, 729, 760, 761, 762, or 769.
1027	Ancillary revenue code is missing	42	
1030	Accommodation revenue code is not numeric	42	Must be 3 digits
1032	Ancillary revenue code is not numeric	42	Must be 3 digits
1039	Accommodation line item charge is missing	47	Generate error if there is no accommodation revenue code AND there is no ancillary revenue code of value 656, 720, 721, 722, 724, 729, 760, 761, 762, or 769.
1044	Accommodation line item charge is not numeric	47	See Note 1 below.
1046	Ancillary line item charge is not numeric	47	See Note 1 below.
1059	Accommodation service units are missing	46	Must be present for certain codes. For the units see Appendix D.
1061	Ancillary service units are missing	46	Must be present for certain codes. For the units see Appendix D.
1064	Accommodation service units are not numeric	46	If units are required, then they must be numeric. For the units see Appendix D.
1066	Ancillary service units are not numeric	46	If units are required, then they must be numeric. For the units see Appendix D.
1080	Admission source is missing	20	ADMISSION SOURCE must be present. If not, generate an error.
1125	Admission type is missing	19	ADMISSION TYPE must be present.
1180	Admit date is missing, age and LOS cannot be calculated	17	Date must be present. If missing, generate error.
1185	Admit date is not a valid date, age and LOS cannot be calculated	17	Date displayed as MMDDYYYY. Date in file must be in format YYYYMMDD. If not, generate error.
1195	Age > 124	14, 17	Calculate patient age (ADMISSION DATE - BIRTHDATE). If age > 124, generate error.
1210	Admission source is not valid	20	ADMISSION SOURCE value must be in the range 1-9. If the ADMISSION TYPE is NEWBORN (4) then the ADMISSION SOURCE range is 1-4. If not generate an error.
1215	Admission type is not valid	19	Generate an error if the value is not 1-4.

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1235	Discharge date is missing, LOS cannot be calculated	6, 32-35	Checks for presence of date in "Through" position. If no date, issue error.
1240	Discharge date is not a valid date, LOS cannot be calculated	6, 32-35	Checks format of date for FROM and THROUGH.
1260	LOS > 365 days	6, 17	Formula for LOS is THROUGH DATE - ADMISSION DATE. Calculate whole days. If result > 365 generate error message. ADMISSION DATE may not include charges incurred as a result of pre-admission work. There is no need to calculate based on Hours (#21 Discharge Hour). Nor is there a need to edit on OCCURRENCE – We do not require or capture OCCURRENCE data. NOTE: Count the first day but not the day of discharge. Therefore, if ADMISSION DATE and THROUGH are the same date, LOS = 1 day. Use ADMISSION DATE because it does not include pre-admission time.
1280	Principal diagnosis is missing	67	Must be present
1286	An E-code cannot be used as the principal diagnosis	67	Compare PRINCIPAL DIAGNOSIS CODE to table of ICD-9-CM codes. If E code, generate error.
1290	Principal diagnosis is not valid	67	Compare PRINCIPAL DIAGNOSIS to table of ICD-9-CM diagnosis codes. If not in table, generate error.
1291	Diagnosis is a duplicate of the principal diagnosis	67	Compare OTHER DIAGNOSIS CODE to PRINCIPAL DIAGNOSIS CODE. If they are equal, generate error.
1292	Manifestation code was given for principal diagnosis	67	Compare PRINCIPAL DIAGNOSIS CODE to table of ICD-9-CM codes. If Manifestation code, generate error.
1293	Principal pay**e**r is invalid or missing	50	Must be present. Valid CHARS payer codes are 001, 002, 004, 006, 008, 009, 610, 625 and 630
1303	Operating physician is present but principal procedure is missing	80	If there is a value in OTHER PHYSICIAN ID then there must be a value in PRINCIPAL PROCEDURE
1305	Principal procedure (ICD-9-CM) is not valid	80	Compare PRINCIPAL DIAGNOSIS to table of ICD-9-CM codes. If not in table, generate error.
1320	Patient status is missing	22	PATIENT STATUS must be present. If not, generate and error.
1323	Patient status is not numeric	22	If code is not numeric then generate and error.
1340	Sex is missing	15	SEX must be present
1355	Total accommodation charge is not numeric	47	See NOTE 1 below.

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1356	Total ancillary charge is not numeric	47	This is an internal processing task to validate the ancillary total charges. It is reported in the UB-92 but is not on the printed form. Revenue Code 001 TOTAL CHARGES is an ancillary charge. Design issue is to define TOTAL CHARGES separate from "ancillary charges.
1380	ZIP code is missing	13	ZIP code must be present. If not generate error.
1390	Other diagnosis is not valid	68-75, 77	The MCE checks each diagnosis code, including admitting diagnosis, and each procedure code against a table of valid ICD-9-CM codes. If an entered code does not agree with any code on the internal list, it is assumed to be invalid or that the fourth or faith digit of the code is invalid or missing.
1420	Birth date is missing, age cannot be calculated	14	BIRTHDATE must be present
1425	Birth date is not a valid date, age cannot be calculated	14	
1503	Invalid format for Medicare Provider Number	51	Confirmed with Solucient. The edit message is correct; FL#3 is incorrect and should be changed to FL#51. The error is corrected in the formatting process by the intermediate vendor so should never occur in processing. This is an internal check of data.
1505	Other procedure is not valid	81A - E	Compare PRINCIPAL DIAGNOSIS to table of ICD-9-CM procedure codes. If not in table, generate error.
1550	Discharge date before admit date	6, 17	There is no need to calculate based on Hours (#21 Discharge Hour) Nor is there a need to edit on OCCURRENCE – we do not require or capture OCCURRENCE data. Calculate whole days (THROUGH - FROM). If result < 0 generate error message. Compare FROM date to ADMISSION DATE. If not the same generate error message.
1570	Sex is inconsistent with diagnosis	15, 67	Map to DX_AGESEX_LEN from MCE
1580	Sex is inconsistent with procedure	15, 80	Map to OP_SEX_LEN from MCE
1596	Patient's age and diagnosis are inconsistent	14, 17, 67	Map to DX_AGESEX_LEN, Value =1, "Patient's age and diagnosis are inconsistent.
1620	Birth date is after admit date	14, 17	Compare BIRTHDATE to ADMISSION DATE. If BIRTHDATE < ADMISSION DATE generate error.
1635	Attending physician code is missing	82	Must be present

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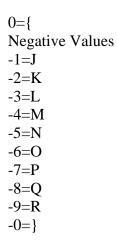| Edit Number	Edit Message	FL#	Description
1640	Admit type is newborn and birth date is more than 2 days before admit date.	17, 19	Compare ADMISSION TYPE, BIRTHDATE and ADMISSION DATE. If NOTE: ADMISSION TYPE Newborn (4) is only used for the delivery of the baby. For visits after delivery, use other codes.
1655	Patient's age and sex are inconsistent with the diagnosis	14, 17, 67	Map to DX_AGESEX_LEN, Value=3, "Patient's age and sex are inconsistent with the diagnosis"
1677	The total charges revenue code is missing	47	Must have one and only one TOTAL CHARGE (Revenue code 001)
1678	More than one total charges revenue code was provided	47	May have only one TOTAL CHARGE (Revenue code 001)
1687	Individual line item charges do not add up to total charges	47	Sum line item charges in line 47. Compare to TOTAL CHARGE (Revenue code 001). If sum <> TOTAL CHARGE then generate error.
8022	Invalid revenue code for CHARS (See App D in Help)	42	Compare REVENUE CODE to table of revenue codes. If not in table, generate error.
8282	Diagnosis indicates trauma or poisoning but no E-code is present	67-76, 77	If the PRIMARY DIAGNOSIS CODE or OTHER DIAGNOSIS CODE is in the range 8000 – 9999, then there must be a valid ECODE. If no ecode, then generate error. ICD-9-CM diagnosis codes and E codes.
8325	Patient status is not valid for CHARS	22	If code is not 01-08, 20, 50, 51, 61-64 then generate an error.
8804	Physician id is not valid	82, 83	Must be Medicaid number, DOH number or UPIN.
8806	ZIP code is invalid	13	Look up ZIP code on ZIP code table. If not found or if format incorrect, generate error.
8810	LOS - LOA < 1 day	6, 17, 42	LOA is "Leave of Absence" Rev Codes 180-189. Use sum of LOA days to calculate (STATEMENT THROUGH – STATEMENT FROM) – LOA. Generate error if < 1. **NOTE: Revenue codes 184 and 185 are now in list of revenue codes acceptable in CHARS.**
8812	Payer number is not valid	50.A, B	UB92 allows other values. We will continue to accept only a subset. The valid CHARS payer codes are 001, 002, 004, 006, 008, 009, 610, 625 and 630
8814	Principal procedure but no operating physician	80, 83	If there is a value in PRINCIPAL PROCEDURE then there must be a value in OTHER PHYSICIAN ID
8820	Charges per day < $300	6, 17,, 47	Calculate average charge per day: TOTAL CHARGES /LOS. Generate error if < $300
8822	Charges per day > $25,000	6, 17,, 47	Calculate average charge per day: TOTAL CHARGES / LOS. Generate error if > $25,000

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Edit Number	Edit Message	FL#	Description
8824	Unable to assign DRG	22, 67	Must pass these tests to be able to assign DRG: Invalid diagnosis or procedure Duplicate of PDX Age conflict Sex conflict Manifestations not allowed Unacceptable principal diagnosis Invalid age Invalid sex Invalid discharge status
8826	Patient last name (first 2 characters) is missing or invalid	12	Check positions 3 and 4 of PATIENT NAME. Must be character, dash (-) or period (.). If not, generate an error.
8828	Patient first name (first 2 characters) is missing or invalid	12	Check first two positions of PATIENT NAME. First position must be character. Second position must be character, dash (-) or period (.). If not, generate an error.
8860	Sex is not valid, only M or F allowed	15	If SEX is other than M or F generate error
8870	Admission type newborn but admission source is not newborn	19, 20	Compare ADMISSION TYPE and ADMISSION SOURCE. If ADMISSION TYPE is NEWBORN (1- 4) and ADMISSION SOURCE > 4 then generate an error
8880	Accommodation or ancillary line item charges are negative	47	Must be >= 0

NOTES:

1. (1) Signed values (e.g., monetary values) in submission files are interpreted in CHARS using one of the following two methods. All other values are considered errors and will be rejected.

   (a) Positions are right-justified and zero-filled. CHARS converts signed values using the table below. The character from the table below will be placed in the last position of the field. The characters are case sensitive. For example, in the 50 record the Ancillary Total Charge formatted 9(8)V99S a value of 123456.78 would appear as 01234567H. A value of -123456.78 would appear in the file as 01234567Q.

Conversion Table

Positive Values

1=A

2=B

3=C

4=D

5=E

6=F

7=G

8=H

9=I

0={
Negative Values
-1=J
-2=K
-3=L
-4=M
-5=N
-6=O
-7=P
-8=Q
-9=R
-0=}

      (b) Positions are numeric, right justified and zero filled. Numeric values are unsigned, that is values will always be zero or positive. Values will never be negative. For example, in the 50 record an Ancillary Total Charge formatted 9(8)V99S, a value of 123456.78 would appear as 012345678. A value of -12345678 or 12345678- will cause an error (1032, 1044, or other CHARS errors related to invalid revenue amount format).